

WILLOW CREEK CLASSIC: an annual, 4-H sponsored FAMILY CAMPING WEEKEND
July 30, 31, & August 1, 2010
at Spire Rock Campground in Gallatin County, MT

REGISTRATION

Please provide the name, age and gender of those attending:

NAME _____ Age _____ (F) ☐ (M) ☐

NAME _____ Age _____ (F) ☐ (M) ☐

NAME _____ Age _____ (F) ☐ (M) ☐

NAME _____ Age _____ (F) ☐ (M) ☐

NAME _____ Age _____ (F) ☐ (M) ☐

TOTAL NUMBER ATTENDING _____

ADDRESS _____ MT _____
Street/Box City State Zip

COUNTY _____ TELEPHONE _____

Group Represented:

☐ 4-H ☐ FFA ☐ Girl Scouts ☐ Boy Scouts ☐ Attending Independently ☐ Other _____

REGISTRATION FEES

LATE FEE, AFTER JULY 26 - \$5.00 PER PERSON OR \$20.00 PER FAMILY

Registration is limited to the first 50 participants!

NOTE: We have 4 camp sites reserved for Friday & Saturday nights. This includes a group site which can accommodate 2 RV's plus approx 10 tents. There is a handicap-accessible restroom facility in the middle of these 4 sites. The other 3 camp sites can accommodate 1-2 RV's.

Will you be tenting or bringing a camper/RV? _____

What day and time do you plan to arrive? _____

What day and time do you plan to leave? _____

Please describe any dietary restrictions or other needs: _____

How many in your group plan to attend the Bison Ranch Tour? _____

Registration includes all meals, activities, workshops, and campsite fees:

\$30.00 per person \$ _____

\$100.00 per family (4 or more) \$ _____

Check # or Cash _____

Musicians – we encourage you to bring your instruments and play at the nightly campfires!

Please let your County MSU Extension Agent know about your talent.

I, _____ being the parent or legal guardian of
_____ certify that he/she is _____ years of age and grant

permission for him/her to participate in the **2010 WILLOW CREEK CLASSIC**. I will not hold the sponsoring organizations responsible in the case of an accident. I also hereby authorize, in advance, any necessary medical treatment required by _____ while he/she is absent from home, July 30-Aug 1, 2010. Phone number and person to contact in case of emergency: _____

Mail To: Gallatin County MSU Extension Office
201 W. Madison, Suite 300
Belgrade, MT 59714

Check Payable To:
"Gallatin County 4-H"

REGISTRATION DEADLINE: July 26, 2010

Montana State University Extension encourages persons with disabilities to participate in its programs and activities. If you anticipate needing any type of special accommodations or have questions about the physical access provided, please call 388-3213 in advance of your participation or visit.

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